



DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

ALCOHOLIC BEVERAGE CONTROL

Form 47-270-11-1-000 (Rev. 11/13)

STATEMENT OF MONIES PAID FOR CALENDAR YEAR

Date: _____

Mail to: Alcoholic Beverage Control, P. O. Box 540, Madison, Mississippi 39130-0540

In compliance with the provisions of Mississippi Code Annotated Section 67-1-49 (1972), we list below the names and addresses of each person, firm, or corporation doing business in Mississippi in any manner to whom or to which we, the undersigned, paid or agreed to pay any fee, retainer, salary, or remuneration during the calendar year _____, together with other information required by the statute.

1. NAME: _____
(Person, firm, or corporation)
ADDRESS: _____
TYPE OF BUSINESS OR ACTIVITY: _____
TOTAL AMOUNT OF ALL PAYMENTS: \$ _____
IF EXPENSES PAID, SPECIFY AMOUNT: \$ _____
TYPE OF PAYMENT: ☐ Fee ☐ Retainer ☐ Salary ☐ Commission ☐ Expenses
☐ Other (specify) _____

Purpose: _____

2. NAME: _____
(Person, firm, or corporation)
ADDRESS: _____
TYPE OF BUSINESS OR ACTIVITY: _____
TOTAL AMOUNT OF ALL PAYMENTS: \$ _____
IF EXPENSES PAID, SPECIFY AMOUNT: \$ _____
TYPE OF PAYMENT: ☐ Fee ☐ Retainer ☐ Salary ☐ Commission ☐ Expenses
☐ Other (specify) _____

Purpose: _____

We hereby certify that the above-named persons, firms, or corporations are the only ones who or which received any fee, retainer, salary, or other remuneration from us during the calendar year _____.

We further certify that we understand thoroughly the provisions of the aforesaid Mississippi Code Annotated Section 67-1-49 (1972), and that failure to file a full, complete and accurate statement of fees, retainers, salaries, and other remunerations paid by us to persons, firms, and corporations doing business in the State of Mississippi will constitute grounds for the Mississippi Department of Revenue to suspend our right to sell to the Department until such time as said statement shall be filed. Finally, the person signing this Application certifies under oath that all the information contained in this document is true and correct and he or she has the authority to sign this document as the manufacturer or on behalf of the manufacturer and acknowledges that this Application is being signed under the penalty of perjury pursuant to Mississippi Code Annotated Section 27-3-83(5).

By: _____
Name of Officer Title Date